



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT WILLIAMSPORT HOSPITAL

City of Hospital: Williamsport

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 15-1307

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$8610523
Outpatient Patient Service Revenue	\$65535610
Total Gross Patient Service Revenue	\$74146133

2. Deductions From Revenue

Contractual Allowance	\$51644866
Other Deductions	\$1351186
Total Deductions	\$52996052

3. Total Operating Revenue

Net Patient Service Revenue	\$19796474
Other Operating Revenue	\$641392
Total Operating Revenue	\$20437866

4. Operating Expenses

Salaries and Wages	\$7598848	Employee Benefits	\$2112316
Depreciation and Amortization	\$567549	Interest Expense	\$0
Bad Debt	\$1353606	Other Expenses	\$11202404
Total Operating Expenses	\$22834723		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-1043251	Total Assets	\$11939729
		Total Liabilities	\$10563902

Net Non-operating Gains over Loss	\$2864
Total Net Gains	\$-1040387

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$39336380	\$29038768	\$10297612
Medicaid	\$14084708	\$12410488	\$1674220
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$20725045	\$11546796	\$9178249
Total	\$74146133	\$52996052	\$21150081

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$928	\$-928

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$35727	\$-35727
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$79209	\$-79209

Number of Medical Professionals Trained	355
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	1332

Statement Six: Charity Statement

Hospital Charity Charges	\$4066918
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1067083	
HCI Payments	\$0		
Subtotal	\$0	\$1067083	\$-1067083
Medicaid Shortfalls	\$1614308	\$5106878	
Subtotal	\$1614308	\$5106878	\$-3492570
DSH Payments	\$0		
Subtotal	\$1614308	\$5106878	\$-3492570
Medicare Shortfalls	\$10424340	\$10321129	
Other Government Programs	\$0	\$0	
Total	\$12038648	\$15428007	\$-3389359

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$47426	\$-47426
Community Assessment	\$0	\$77504	\$-77504
Provision of Taxes	\$0	\$1411315	\$-1411315
Other Allocations	\$0	\$0	\$0

Comments

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